PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JAN -9 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000107778

1. Corporation Name

Power Holding Intenational Corp
W01000028209

2. Principal Office Address	3. Mailing Office Address
6951 NW 82ND AVE	6951 NW 82 ND. AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI	MIAMI
City & State	City & State
MIAMI - FLORIDA	MIAMI - FLORIDA
Zip / Country	Zip / Country
FL 33166-2766	

REINSTATEMENT 00-02

4. Date Incorporated or Qualified To Do Business in Florida 12-14-1999

5. FEI Number 650983528 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JULIO CORDOVA

Street Address (P.O. Box Number is Not Acceptable): 218 SANTILLANE AVE

Suite, Apt. #, Etc.: APT # 7

City: CORAL GABLES — State: FL — Zip Code: 33134

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] — REGISTERED AGENT MUST SIGN — Date 11-28-2001

CR2E061 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	JULIO CORDOVA	218 SANTILLANE AVE #7.	CORAL GABLES. 33134

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] — 11-28-2001 — 305 213-1207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #